



## Bike Rodeo & Ride 2015



### WAIVER AND RELEASE OF LIABILITY

I am voluntarily participating in the City of Rialto's "Bike Rodeo and Bike Ride" ("Program") and will be physically active with bicycles as part of the Program.

I acknowledge that Program could be a hazardous recreational activity, as defined in California Government Code Section 831.7 and I voluntarily assume all risks of injury or property damage associated with, or caused by my act of physical activity as part of the Program.

I acknowledge and agree that the Program is a recreational activity, which creates a substantial (as distinguished from minor, trivial, or insignificant) inherent risk of injury to me and others.

I further acknowledge and agree that if I or any other person is injured as a direct or proximate result of my participation in this activity, or if any property is damaged as a result of such activity, I hereby waive and forever release the City of Rialto, and all of their officers, employees, agents, representatives, contractors, and participants from and against any and all liability, claims, demands, lawsuits, or other actions arising out of or in any way related to my physical activities at the City of Rialto "Bike Rodeo and Bike Ride"

**I further waive my rights under California Civil Code Section 1542, which provides as follows:**

**Section 1542. General release; extent**

"A General release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially effected his settlement with the debtor."

I further acknowledge that I have not paid any specific fee for permission to participate in the Program. I further acknowledge and agree that the City of Rialto has warned me of all dangerous conditions at its Program and that I voluntarily assume all risks of injury or damage associated with my physical activity at the City of Rialto's "Bike Rodeo and Bike Ride".

I have read the foregoing waiver and release and hereby execute the same on behalf of the following minor child for whom I am entirely responsible as their parent, guardian or otherwise:

\_\_\_\_\_  
Print name of **minor child** Birth date \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
Print name of parent/guardian or other responsible adult Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/or Guardian

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Medical Information

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical/Accident Ins. \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Co. Phone \_\_\_\_\_ Allergies \_\_\_\_\_